PTO/SB/22 (09-06)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection			Docket Number (Optional)							
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			1920-0128PUS1							
FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			1320-	01201 001	:					
Application Number 10/518,552-Conf. #008430			Filed December 22, 2004							
For METHOD AND ARRANGEMENT FOR AUTOMATICALLY VERIFYING IDENTITIES OF MILK PRODUCING ANIMALS										
Art Unit 3644			Examiner	S. C. Alir	nenti					
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):										
The requested extensi	on and too are as tonewe (one	_			•					
X One mont	h (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity Fee \$60	: \$	120.00					
	hs (37 CFR 1.17(a)(2))	\$450	\$225	\$ \$						
	nths (37 CFR 1.17(a)(3))	\$1020	\$510	\$ \$						
		\$1590	\$795	* — \$						
	ths (37 CFR 1.17(a)(4))		•	-						
Five months (37 CFR 1.17(a)(5)) \$2160			\$1080	\$_						
Applicant claims small entity status. See 37 CFR 1.27.										
X A check in the amount of the fee is enclosed.										
Payment by credit card. Form PTO-2038 is attached.										
The Director has already been authorized to charge fees in this application to a Deposit Account.										
The Director has already been authorized to charge any fees which may be required, or credit any overpayment, to										
Deposit Account Number 02-2448 I have enclosed a duplicate copy of this sheet.										
I am the	applicant/inventor.									
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).										
x attorney or agent of record. Registration Numbe				<u> </u>						
	attorney or agent under 37 CF	ER 1 34								
	Registration number if acting u									
On M. Lett.			January 4, 2007							
Signature			Date							
James M. Slattery			(703) 205-8000							
Typed or printed name			Teleph	one Numbe	er					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.										
	• • • • • • • • • • • • • • • • • • • •									
Total of	1 forms are subn	nitted.								

01/05/2007 SZEWDIE1 00000035 10518552

01 FC:1251

120.00 OP



PTO/SB/17 (07-06)

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Effective on 12/08/2	Complete if Known									
Fees pursuant to the Consolidated Appropr			10/518,552-Conf. #008430							
FEE TRANS	7		December 22, 2004							
For FY 20			Anders Umegård S. C. Alimenti							
Applicant claims small entity statu	Altoni		3644 1920-0128PUS1							
TOTAL AMOUNT OF PAYMENT	Attorney Docket No. 1920-012			-031						
METHOD OF PAYMENT (check all that apply)										
x Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP										
For the above-identified depo	sit account, the Director is	hereby authorized	d to: (check	all that apply)						
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of X Credit any overpayments										
fee(s) under 37 CFR 1.16 and 1.17										
FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
1		ARCH FEES	EXAMINA	ATION FEES						
5-76	Small Entity	Small Entity	Fee (\$)	Small Entity	Fees Paid	(\$)				
Application Type Fee (\$) Utility 300	Fee (\$) Fee (\$ 150 500) <u>Fee (\$)</u> 250	200	<u>Fee (\$)</u> 100	rees raid	741				
Utility 300 Design 200	100 100	50	130	65						
Plant 200	100 300	150	160	80						
Reissue 300	150 500	250	600	300						
Provisional 200	100 0	0	0	0						
2. EXCESS CLAIM FEES						all Entity				
Fee (\$) Fee (\$)										
Each claim over 20 (including Reissu				50	25					
Each independent claim over 3 (inclu	iding Reissues)				200 360	100 180				
Multiple dependent claims	= (A)	n=:- /6\	Mari	tiple Depende		160				
Total Claims Extra Claims 20 - 20 = x		Paid (\$)	Fee		ee Paid (\$)					
HP = highest number of total claims paid for,										
Indep. Claims Extra Claims	Fee (\$) Fee I	Paid (\$)								
2 -3 = x										
HP = highest number of independent claims	paid for, it greater than 3.									
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
- 100 = /50 (round up to a whole number) x =										
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00										
SUBMITTED BY	1 11	Registration No.	00.000	I	(702) 005 00	200				
Signature James /	-/ WaMe	(Attorney/Agent)	28,380	Telephone						
Name (Print/Type) James M. Slattery Date January 4, 2007										